LESLIE E. BARNES, PH.D., LMFT
Licensed Psychologist and Licensed Marital and Family Therapist
3010 South Harvard, Suite 110
Tulsa, Oklahoma 74114
Phone: (918) 749-1840

AUTHORIZATION TO RELEASE PATIENT INFORMATION

Patient Name: Jeffrey Snyder Birthdate: _____

I, the undersigned, authorize Dr. Leslie Barnes to communicate about the above-named patient with the following individual or agency by:

____providing information to: ✓ receiving information from:

Lora Cotton _____
Individual/Agency Phone Number

_____ _____
Address City, State, Zip Code

Information to be released by Dr. Barnes:	Information to be released to Dr. Barnes
_____ Verbal communication	✓ Verbal communication
_____ Evaluation results and report	_____ Medical/psychological records
_____ Treatment summary	_____ Treatment summary
_____ Other_____	✓ Other Supervisory information

I authorize the release/receipt of this information until: June 19, 2015

Dr. Snyder refused to sign this auth.

ase of information that may already be contained
on to be collected during the course of my
his authorization is subject to my written
on does not cover any information that has
ceive a copy of this authorization and a copy of

ize the release/receipt of this information and
e information as described above.

_____ _____
Relationship to patient

_____ _____
Date

_____ _____
Witness Date

EXHIBIT 44

BARNES CHART 023